		Substitute for Form PTO-875 Effective December 8, 2004									Application/or Dockel Number		
	1	AP	PLICATION	AS FILED	- PART	DT /				1000			
	 		(Co	lumn 1)	(Column 2								
		FOR BASIC FEE		NUMBER FILED			SMA	LL ENTITY	TITY OR	OTI SMA	LL ENTITY		
	(37 CFR 1 16	[37 CFR 1 16(a) (b) or (c))		N/A	NUMBER EXT	~	RATEG	FEE (1)	FEE (I)	1			
	137 CFR 1 16	SEARCH FEE (37 CFR 1 16(N. (d. ox (m))		. NA			NA	150.00]	RATE (1)	300,00		
	137 CFR 1 16(EXAMINATION FEE (37 CFR 1 16(9, tp), or (q))		NA			· NA	\$250]	NIA	\$500		
į	13/ OFR 1 16	TOTAL CLAIMS D7 OFR 1 16(0)		minus 20 e			NA	\$100		N/A	\$200		
	INDEPENDENT CLAIMS (37 OFR 1 18(1))			, minus 3			X\$ 25 .	· .	OR	X\$50 .	1		
	APPLICATION SIZE		If the specification and		Minos exceed s		X100			X200	 		
	rte	FEE		sheets of paper, the application size fee do is \$250 (\$125 for small entity) for each additional 50 sheets are					}	~~~			
į	(37 OFR 1 16)	"	additional 5	O ebasis = . 4	ruly) for each	- 1 1			.				
			additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			9e	1		- 1	-	ł		
	MULTIPLE DE	PENDENT C	AM PRESEN	T (37 (50 + + 5)	7.050 4 450				1		l		
-	* If the difference	e in column 1	is loss than z	107 077 1.160	m	_] [+180=		ſ	+360-			
- [. Δ	"If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		<u>_</u>				
	APPLICATION AS AMENDED - PART II									TOTAL			
	2-16	- Orcoru				•		ē	7				
	CLAIMS (Column 3)						SMALL ENTITY OR OTHER THAN						
	I Mumes.						SMALL ENTITY						
	AMENDMENT PREVIOUSLY EXTRA						RATE (\$)	ADDI. TIONAL	- 1 .	RATE (S)			
	OT CER 1.10(1)			US :	3 · ×	$\dashv \vdash$		FEE (S)	- 1		ADOI- TIONAL		
	Independent . Minus				3//	X X	25		1	-	FEE (1)		
	Application Size For 17 and					\mathbf{J}	100	°	R A	50 =			
						1 1			, X2	00 1	7		
 -	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)										1		
			+180= OR			60=	7						
			TOT	TOTAL ADDIT SEE			TOTAL						
_	T	Cotumn	1)	(Column	2) (0-1 -	. 20		OR OR	ADO	LFEE			
8	l	CLAIM REMAIN	S NG	HIGHEST	1					-	-		
	i .	I AFTER	1 1	NUMBER PREVIOUS		RA.	TE (5) A	001-					
回	Total	AMENDME		PAID FOR	Y EXTRA	1	1 110	MAI	RAT		1001-		
AMENDM	PTCFR 1.16(III Independent CTCFR 1.16(III)		Minus			XS:	25 . FE	E (5)	 	<u>f</u>	CNAL .		
9		Fac Citor		:	•		0.	OR	X\$50	•			
۲۱	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						"	OR .	X200				
<u></u> L	THE PRESENT	TION OF MUL	TIPLE DEPENDE	MICLAM BY	FR 1.16@)	1							
	•		,			+18		OR	+360	=			
•	• II the éctor in out	Sec. 4.4				TOTAL			TOTAL		- "		
•	The Highest No	umn 1 is less Imber Previo	than the entry	in column 2, wri	te 10° in column 3.	ADDL	€€ L	OR	ADD'L F	EE			
1	he Hinhant II	JANOR PLBANOR	sty Paid For II	THIS COACE	m less than 20, ente	ar "20" .							
000	ection of Informa	lion is made	Y Paid For (To	tal or Independ	is less than 20, enter is less than 3, enter ent) is the highest number of the sequired to U.S.C. 122 and 37 (3.		•	•	•	` . ·		
410 (Mina	o blocees) en eb	plication. Co.	ou by 37 CFR	1.16. The Infor	mation is required t	o obtain	nd in the appro	priate box in col	umn 1.		- 1		
	serioraid busbs	ring, and sub	mitting the	And ph 32 (U.S.C. 122 and 37	- ANBIII (A LEASTIN B POUR	ofit by the puhs	C telebrat 1		اننا		

TO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete displacation form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infernation Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800-PTO-9199 and select aption 2.